10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

Gregory CHAMTION Plaintiff		CHAMPION			
	Plaint	iff			
C. SMITh			08CV2261		
Ceri	MAK	Hospital	JUDGE PALLMÉYER MAG. JUDGE VALDEZ		
Defendant(s)			WING, JODGE VALUE		
more in provide I, Gother without declaration of the column and the column are in th	information the added the added the added to	on than the space that is providitional information. Please (CHPMP10) in the above repayment of fees, or life am unable to pay the cost petition/motion/appeal.	, declare that I am -entitled case. This affidavit of support of my motion for app s of these proceedings, and the In support of this petition/ap	the Opiaintiff Opetition constitutes my application pointment of counsel, or hat I am entitled to the replication/motion/appeal	oner □movant oner □movant on □ to proceed
2.	Are y Mont	ou currently employed? hly salary or wages: and address of employer:	□Yes \\		
	a.	If the answer is "No": Date of last employment Monthly salary or wag Name and address of la	nt: 09/01/06 es: \$2500 ast employer: <u>EnGle Pri</u>	-time 2894 N	. Milwautee
	b.	Are you married? Spouse's monthly sala			
3.	Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.				
	a. Amo	Salary or wages unt	Received by	□Yes	ØN0

	b. □ Business, □ profession or □ other self-employment Amount Received by	□Yes	ЖN°			
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	□Yes	KNO			
	d. □ Pensions, □ social security, □ annuities, □ life insurance, □ disability, □ workers compensation, □ unemployment, □ welfare, □ alimony or maintenance or □ child support					
	AmountReceived by					
	e. □ Gifts or □ inheritances Amount Received by	□Yes	ΔNο			
	f. Any other sources (state source: Amount Received by	□Yes	√No			
4.	Do you or anyone else living at the same residence have more than savings accounts? Yes No Total	\$200 in cash or amount:	checking or			
5.	Do you or anyone else living at the same residence own any stocks financial instruments? Property: In whose name held: Relationship to you:	□Yes	₽ďNo			
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	- Qno			
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? \[\times \text{YNO} \]					
	Property:					
	Current value: Relationship to you:	· · · · · · · · · · · · · · · · · · ·				
8.	List the persons who are dependent on you for support, state your relaindicate how much you contribute monthly to their support. If none, c	itionship to each	n person and dependents			

I declare under penalty of perjury that the above information is	true and correct. Lunderstand that pursuant
to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case	
allegation of poverty is untrue.	

Date: 04/08/08

Grebory L. CHAMPION (Print Name)

20060080031

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, Gres	ery Champon, I.D.# 2.000 (00 κου3), has the sum of
\$ on account to his/her credit a	at (name of institution) Cook County Jail.
I further certify that the applicant has the follow	ring securities to his/her credit: NIA . I further
certify that during the past six months the appl	icant's average monthly deposit was \$_\tag{\tag{\tag{\tag{\tag{\tag{\tag{
(<u>Add</u> all deposits from all sources and then <u>divi</u>	
4/9/56	Ous Whist
DATE	SIGNATURE OF AUTHORIZED OFFICER
,	CRW Wright
	(Print name)

rev. 10/10/2007





Managed Services Managed Better.

TRANSACTION REPORT Print Date: 04/09/2008

Inmate Name:

CHAMPION, GREGORY

Balance:

\$0.03

Inmate

20060080031

Number: Inmate DOB: 12/21/1957

Stamp	Transaction S	Amount	Balance
01/09/2008	ORDER DEBIT	-0.78	0.03
01/07/2008	RETURN CREDIT	0.78	0.81
01/02/2008	ORDER DEBIT	-0.78	0.03
12/25/2007	ORDER DEBIT	-6.95	0.81
12/20/2007	RELEASE FUNDS	-8.97	7.76
12/19/2007	ORDER DEBIT \nearrow	-33.27	16.73
12/19/2007	CREDIT $\frac{1}{2} \sqrt{1}$	50.00	50.00
12/05/2007	ORDER DEBIT	-0.30	0.00
11/28/2007	ORDER DEBIT	-49.71	. 0.30
11/19/2007	CREDIT	50.00	50.01
02/28/2007	ORDER DEBIT	-0.18	0.01
01/10/2007	ORDER DEBIT	-3.00	0.19
01/03/2007	ORDER DEBIT	-7.20	3.19
01/03/2007	RETURN CREDIT	2.45	10.39
12/27/2006	ORDER DEBIT	-29.01	7.94
12/20/2006	ORDER DEBIT	-14.54	36.95
12/15/2006	CREDIT	50.00	51.49
12/13/2006	ORDER DEBIT	-10.15	1.49
12/06/2006	ORDER DEBIT	-88.40	11.64
12/01/2006	CREDIT	50.00	100.04
12/01/2006	CREDIT	50.00	50.04
11/21/2006	ORDER DEBIT	-0.20	0.04
11/15/2006	ORDER DEBIT	-0.20	0.24
11/01/2006	ORDER DEBIT	-1.90	0.44
10/25/2006	ORDER DEBIT	-16.66	2.34
10/16/2006	CREDIT	19.00	19.00
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